Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF OHIO		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	■ Chapter 13	☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:	About Debtor 2 (Spouse Only in	a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued	Teri First name	First name	
	picture identification (for	riist name	riist name	
	example, your driver's license or passport).	Lynn		
	ilcerise or passporty.	Middle name	Middle name	
	Bring your picture	Rutherford		
	identification to your meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, I	1)
2.	All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names. Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	FKA Teri Lynn Rivera		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7850		

De	btor 1 Teri Lynn Ruther	ford	Case number (if known)			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
4.	Your Employer Identification Number (EIN), if any.					
	(Litt), ii diiy.	EIN		EIN		
5.	Where you live			If Debtor 2 lives at a different address:		
		857 Beech Ave Cincinnati, OH 45205				
		Number, Street, City, State & ZIP Code		Number, Street, City, State & ZIP Code		
		Hamilton				
		County		County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code		Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for	Check one:		Check one:		
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.									
	choosing to file under	☐ Cha	apter 7								
		☐ Cha	apter 11								
		☐ Cha	apter 12								
		■ Cha	apter 13								
8.	How you will pay the fee	a	bout how y	ou may pay. Typi attorney is subm	cally, if you are paying the	e fee yourself, you may pay	ce in your local court for more details with cash, cashier's check, or money y pay with a credit card or check with				
			need to pa	y the fee in insta		nis option, sign and attach th	ne Application for Individuals to Pay				
			request the	at my fee be wai Juired to, waive y	our fee, and may do so or	nly if your income is less that	g for Chapter 7. By law, a judge may, an 150% of the official poverty line tha				
						ne fee in installments). If you and (Official Form 103B) and	a choose this option, you must fill out file it with your petition.				
9.	Have you filed for bankruptcy within the	■ No.									
	last 8 years?	☐ Yes									
			District		When	Case	number				
			District		When		number				
			District		When	Case	number				
10.	Are any bankruptcy cases pending or being	■ No									
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes									
			Debtor			Relatio	nship to you				
			District		When	Case n	umber, if known				
			Debtor			Relatio	nship to you				
			District		When	Case n	number, if known				
11.	Do you rent your residence?	■ No.	Go to	line 12.							
	residence	☐ Yes	. Has y	our landlord obtai	ned an eviction judgment	against you?					
				No. Go to line 1	2.						
				ou (Form 101A) and file it as part of							

Case number (if known)

Debtor 1 **Teri Lynn Rutherford**

Deb	otor 1 Teri Lynn Rutherf	ord			Case number (if known)				
Par	t 3: Report About Any Bu	ısinesses	You Ow	n as a Sole Propriet	or				
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.					
		☐ Yes.	Name	e and location of busi	ness				
	A sole proprietorship is a								
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			e of business, if any					
	If you have more than one sole proprietorship, use a separate sheet and attach		Numi	Number, Street, City, State & ZIP Code					
	it to this petition.		Chec	k the appropriate box	to describe your business:				
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))				
				Stockbroker (as de	fined in 11 U.S.C. § 101(53A))				
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))				
				None of the above					
13.	Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor?	deadline	s. If you ins, cash-f	ndicate that you are a low statement, and fe	court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure				
	For a definition of small business debtor, see 11	■ No.	I am	I am not filing under Chapter 11.					
	U.S.C. § 101(51D).	□ No.		I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.					
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and dunder Subchapter V of Chapter 11.				
		☐ Yes.			1, I am a small business debtor according to the definition in the Bankruptcy Code, and Subchapter V of Chapter 11.				
Par	Report if You Own or	Have Any	/ Hazard	ous Property or Any	Property That Needs Immediate Attention				
14.	Do you own or have any property that poses or is	■ No.							
	alleged to pose a threat of imminent and identifiable hazard to public health or safety?	☐ Yes.	What is	the hazard?					
	Or do you own any property that needs immediate attention?			diate attention is , why is it needed?					
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where i	s the property?					
					Number, Street, City, State & Zip Code				

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Den	ior i <u>reri Lynn Rutnert</u>	ora			Se fluffiber (# known)				
Par	6: Answer These Quest	ions for Re	porting Purposes						
16.	What kind of debts do you have?	16a.	individual primarily for a personal, family, or household purpose."						
			□ No. Go to line 16b.						
			Yes. Go to line 17.						
		16b.		estment or through the operation					
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you	owe that are not consumer debts	or business debts				
17.	Are you filing under Chapter 7?	■ No.	I am not filing under Chapte	r 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and	☐ Yes.		Do you estimate that after any exvailable to distribute to unsecured		and administrative expenses			
	administrative expenses		□ No						
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99	-	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-5 ☐ 50,001- ☐ More that	100,000			
19.	How much do you estimate your assets to be worth?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mil □ \$50,000,001 - \$100 mil □ \$100,000,001 - \$500 m	lion	00,001 - \$1 billion 000,001 - \$10 billion 0,000,001 - \$50 billion an \$50 billion			
20.	How much do you estimate your liabilities to be?	\$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 millio □ \$10,000,001 - \$50 mil □ \$50,000,001 - \$100 mil □ \$100,000,001 - \$500 mil	lion	00,001 - \$1 billion ,000,001 - \$10 billion 0,000,001 - \$50 billion aan \$50 billion			
Par	7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
		United Sta	If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.						
			f no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request	relief in accordance with the	chapter of title 11, United States (Code, specified in this petiti	on.			
		bankrupto and 3571	y case can result in fines up	t, concealing property, or obtaining to \$250,000, or imprisonment for					
		Teri Lyn	Lynn Rutherford n Rutherford of Debtor 1	Signature	e of Debtor 2				
		Executed	on October 30, 2024	Executed					
			MM / DD / YYYY		MM / DD / YYYY				

Debtor 1 Teri Lynn Rutherf	ord	Cas	se number (if known)
For your attorney, if you are		•	e informed the debtor(s) about eligibility to proceed
epresented by one		•	explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)
f you are not represented by an attorney, you do not need to file this page.			wledge after an inquiry that the information in the
	/s/ Timothy M Cooper	Date	October 30, 2024
	Signature of Attorney for Debtor		MM / DD / YYYY
	Timothy M Cooper 0069012		
	Recovery Law Group, APC		
	Firm name		
	600 Superior Ave East		
	Suite 1300		
	Cleveland, OH 44114 Number, Street, City, State & ZIP Code		
			timothy.cooper@recoverylawgroup.c

Email address

614-353-5844

Contact phone

0069012 OH Bar number & State

Fill	in this inform	ation to identify your	case:				
Deb	tor 1	Teri Lynn Ruther					
Dob	otor 2	First Name	Middle Name	Last Name			
	use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Ban	kruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO			
Cas	e number						
(if kno					_	Check if this amended fill	
Off	ficial For	m 106Sum					
			and Liabilities a	nd Certain Statistical Informatio	n	12/15	
infor	mation. Fill o	ut all of your schedule	es first; then complete	le are filing together, both are equally responsik the information on this form. If you are filing am ck the box at the top of this page.			
					v	our assets	
						alue of wha	
1.		B: Property (Official Fo			4		122 600 00
	1a. Copy line	55, Total real estate, fi	rom Schedule A/B		\$		133,600.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/E	3	\$		18,053.00
	1c. Copy line	63, Total of all property	on Schedule A/B		\$	S	151,653.00
Part	2: Summa	rize Your Liabilities					
						our liabilition	
2.			aims Secured by Proper nn A, Amount of claim, a	ty (Official Form 106D) at the bottom of the last page of Part 1 of <i>Schedule</i> a	D \$	S	81,979.45
3.			Unsecured Claims (Offic 1 (priority unsecured clai	ial Form 106E/F) ms) from line 6e of <i>Schedule E/F</i>	\$	S	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$	S	54,949.00
				Your total liabili	ties \$_	13	36,928.45
Part	3: Summa	rize Your Income and	Expenses				
	•	our Income (Official Fo					
4.				ile I	\$	S	4,104.00
5.	Schedule J: Y	Your Expenses (Official onthly expenses from li	Form 106J) ne 22c of <i>Schedule J</i>		\$.	3,595.00
Part	4: Answer	These Questions for	Administrative and Sta	atistical Records			
6.	-		er Chapters 7, 11, or 13 on this part of the form.	? Check this box and submit this form to the court wit	h your oth	er schedule	es.
7.	YesWhat kind of	f debt do you have?					
	■ Vour da	shte are primarily con	sumar dahte Canauma	r dobte are those "incurred by an individual primarily	, for a nar	oonal famili	v or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

5,573.03

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Till in thin info	rumation to identify y	aaaa and th	io filin				
	ormation to identify y		ns min	y:			
Debtor 1	Teri Lynn Rut		e Name	Last Name			
Debtor 2							
Spouse, if filing)	First Name	Middle	Name	Last Name			
Inited States I	Bankruptcy Court for th	e: SOUTHER	N DIST	RICT OF OHIO			
Case number							☐ Check if this is a amended filing
\(\(\cdot\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	400A/D						
	orm 106A/B Ile A/B: Pro	pperty					12/15
Part 1: Describ	estion. pe Each Residence, Buil	ding, Land, or Ot	her Rea	his form. On the top of any additional pages I Estate You Own or Have an Interest In lence, building, land, or similar property?			
☐ No. Go to F	Part 2.						
Yes. When	e is the property?						
.1 857 Bee Street address	ch Ave ss, if available, or other descri	ption	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secure	ims or exemptions. Put d claims on <i>Schedule D:</i> ns <i>Secured by Property</i> .
Cincinn	ati OH	45205-0000			Current valuentire prope		Current value of the portion you own?
City	State	ZIP Code			\$13	3,600.00	\$133,600.0
			□ □ Who		Describe the nature of your ownershi (such as fee simple, tenancy by the e a life estate), if known.		
				Debtor 1 only			
Hamilto	n			Debtor 2 only			
County							munity property
				At least one of the debtors and another r information you wish to add about this ite erty identification number:	(see inst	,	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

Debte	or 1 Teri Lynn Rutherford	Case number (if known)	e number (if known)			
3. Ca	rs, vans, trucks, tractors, spor	t utility vehicles, motorcycles				
	•					
•	Yes					
	Tavada		Do not deduct sec	ured claims or exemptions. Put		
3.1	Make: Toyota	Who has an interest in the property? Check one	the amount of any	secured claims on Schedule D:		
	Model: Rav4	Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.		
	Year: 2018	Debtor 2 only	Current value of t			
		00,000 Debtor 1 and Debtor 2 only	entire property?	portion you own?		
	Other information:	At least one of the debtors and another				
		Check if this is community property (see instructions)	\$13,514	\$13,514.00		
5 A c	Yes dd the dollar value of the portic	on you own for all of your entries from Part 2, includin t 2. Write that number here		\$13,514.00		
Part 3	Describe Your Personal and Ho	pusehold Items				
·	, ,	uitable interest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.		
E	susehold goods and furnishing samples: Major appliances, furnit No					
	Yes. Describe					
	2 king s Couch,	aneous household items size beds, 3 dressers, desk love seat, armoir, coffee table				
	,	refrigerator, microwave r/dryer, deep freezer, 3 desks				
		room table/chairs, china cabinet		\$2,000.00		
<i>E</i>	including cell phones, c No Yes. Describe	audio, video, stereo, and digital equipment; computers, p ameras, media players, games	rinters, scanners; music c	ollections; electronic devices		
		aneous electronics iphone 14, 2 printers		\$500.00		
	J 1 V 3,	ipnono 17, 2 printera				
E)	value value vamples: Antiques and figurines; other collections, memo	paintings, prints, or other artwork; books, pictures, or othe prabilia, collectibles	er art objects; stamp, coin,	or baseball card collections;		

De	ebtor 1 Teri	Lynn Rutherfor	'd	Case num	ber (if known)	
9.	Examples: Spo mus	sports and hobbi		oby equipment; bicycles, pool tables, golf clubs,	skis; canoes	and kayaks; carpentry tools;
	■ No □ Yes. Descri	be				
10.	Firearms Examples: Pis	stols, rifles, shotgu	ns, ammunition, and re	lated equipment		
	■ No □ Yes. Descri	be				
11.	Clothes Examples: Ev □ No	eryday clothes, fur	rs, leather coats, design	ner wear, shoes, accessories		
	Yes. Descri	be				
		Clothi	ing			\$300.00
12.	Jewelry Examples: Ev □ No ■ Yes. Descri		stume jewelry, engagei	ment rings, wedding rings, heirloom jewelry, wat	ches, gems, ç	old, silver
		Misce	llaneous jewelry			\$200.00
	■ No		-	ot already list, including any health aids you d	lid not list	
15		•	•	t 3, including any entries for pages you have	attached	\$3,000.00
		our Financial Asset				
Do	you own or h	ave any legal or e	equitable interest in ar	ny of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	■ No		our wallet, in your hom	e, in a safe deposit box, and on hand when you	file your petiti	on
	ins	ecking, savings, o		nts; certificates of deposit; shares in credit unionate the same institution, list each.	s, brokerage I	nouses, and other similar
	□ No ■ Yes			Institution name:		
		17.1.	Savings 4121	Fifth Third Bank		\$0.00
		17.2.	Checking	General Electric Credit Union		\$0.00

De	ebtor 1 Teri Lynn R	lutherfor	'd	Case number (if known)	
		17.3.	Online	CashApp	\$0.00
		17.4.	Checking 0929	Fifth Third Bank	\$39.00
		17.5.	Online	Venmo	\$0.00
18.	Bonds, mutual funds Examples: Bond funds No			erage firms, money market accounts	
	□ Yes		Institution or issuer nar	me:	
19.	Non-publicly traded s joint venture ■ No □ Yes. Give specific in		·		LLC, partnership, and
20.	Negotiable instrument	oorate books include parents are	personal checks, cashie those you cannot trans	% of ownership: able and non-negotiable instruments ers' checks, promissory notes, and money orders. fer to someone by signing or delivering them.	
21.	Retirement or pensio Examples: Interests in No			e(b), thrift savings accounts, or other pension or profit-sharing plans	
	Yes. List each accou	•	tely. of account:	Institution name:	
		401(l	k)	Fidelity	\$1,500.00
22.	Security deposits and Your share of all unus Examples: Agreement No	ed deposi	ts you have made so th	nat you may continue service or use from a company blic utilities (electric, gas, water), telecommunications companies, or Institution name or individual:	others
23.	■ No	·	, ,	to you, either for life or for a number of years)	
	Yes	ssuer nam	ne and description.		
24.	Interests in an educat 26 U.S.C. §§ 530(b)(1), No			lified ABLE program, or under a qualified state tuition program.	
	☐ Yes I	nstitution i	name and description. S	Separately file the records of any interests.11 U.S.C. § 521(c):	
25.	■ No			er than anything listed in line 1), and rights or powers exercisab	le for your benefit
	☐ Yes. Give specific in	nformation	about them		
26.				other intellectual property from royalties and licensing agreements	

☐ Yes. Give specific information about them...

De	ebtor 1	Teri Lynn Rutherford	Case number (if known)	
27.		es, franchises, and other general intangibles bles: Building permits, exclusive licenses, cooperative a	association holdings, liquor licenses, professional licenses	
		Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax ref	unds owed to you		
	■ No □ Yes.	Give specific information about them, including whethe	er you already filed the returns and the tax years	
29.		support oles: Past due or lump sum alimony, spousal support, c	child support, maintenance, divorce settlement, property set	itlement
	☐ Yes.	Give specific information		
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disa benefits; unpaid loans you made to someone else	ability benefits, sick pay, vacation pay, workers' compensa	tion, Social Security
	☐ Yes.	Give specific information		
	Examµ ■ No		account (HSA); credit, homeowner's, or renter's insurance	
	⊔ Yes.	Name the insurance company of each policy and list its Company name:	s value. Beneficiary:	Surrender or refund value:
	If you a some o	terest in property that is due you from someone whare the beneficiary of a living trust, expect proceeds from the has died. Give specific information	no has died m a life insurance policy, or are currently entitled to receive	property because
33.	Examµ ■ No	against third parties, whether or not you have filed bles: Accidents, employment disputes, insurance claims Describe each claim		
	■ No	contingent and unliquidated claims of every nature, Describe each claim	including counterclaims of the debtor and rights to se	t off claims
35.		nancial assets you did not already list		
	■ No □ Yes.	Give specific information		
36		he dollar value of all of your entries from Part 4, incart 4. Write that number here		\$1,539.00
Pa	rt 5: De	scribe Any Business-Related Property You Own or Have a	n Interest In. List any real estate in Part 1.	
	•	own or have any legal or equitable interest in any business	s-related property?	
- 1	No. Go	to Part 6.		

Official Form 106A/B Schedule A/B: Property page 5

 \square Yes. Go to line 38.

Debt	tor 1	Teri Lynn Rutherford		Case number (if known)	
Part		scribe Any Farm- and Commercial Fishing-Related Property You Cou own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46. C	o you	own or have any legal or equitable interest in any farm- o	or commercial fishir	ng-related property?	
	■ No.	Go to Part 7.			
	☐ Yes.	. Go to line 47.			
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp	have other property of any kind you did not already list? oles: Season tickets, country club membership			
	No				
	Yes.	Give specific information			
54.		he dollar value of all of your entries from Part 7. Write that	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$133,600.00
56.	Part 2	2: Total vehicles, line 5	\$13,514.00		
57.	Part 3	3: Total personal and household items, line 15	\$3,000.00		
58.	Part 4	l: Total financial assets, line 36	\$1,539.00		
59.	Part 5	5: Total business-related property, line 45	\$0.00		
60.	Part 6	6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	7: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$18,053.00	Copy personal property total	\$18,053.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$151,653.00

Debtor 1	Teri Lynn Rutherf	ord		
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO	
Case number				
if known)				☐ Check if this is an
				amended filing
Official Ec	orm 106C			
Jiliciai i C	1000			
`~b~~dl	a C. Tha Dra	onarty Vall C	Claim as Exempt	

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	It 1: Identify the Property You Claim as E	xempt							
1.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	our spouse is filing with you.					
	You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)					
	☐ You are claiming federal exemptions. 11 to	J.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B							
	857 Beech Ave Cincinnati, OH 45205 Hamilton County	\$133,600.00		\$66,339.55	Ohio Rev. Code Ann. § 2329.66(A)(1)				
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	2329.00(A)(1)				
	Miscellaneous household items 2 king size beds, 3 dressers, desk	\$2,000.00	\$2,000.00		Ohio Rev. Code Ann. § 2329.66(A)(4)(a)				
	Couch, love seat, armoir, coffee table Stove, refrigerator, microwave Washer/dryer, deep freezer, 3 desks Dining room table/chairs, china cabinet			100% of fair market value, up to any applicable statutory limit	2323.00(A)(4)(a)				
	Line from Schedule A/B: 6.1								
	Miscellaneous electronics 3 TVs, iphone 14, 2 printers	\$500.00		\$500.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)				
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit	2029.00(M)(4)(d)				
	Clothing	\$300.00		\$300.00	Ohio Rev. Code Ann. §				
	Line from Schedule A/B: 11.1			100% of fair market value, up to	2329.66(A)(4)(a)				

any applicable statutory limit

Debtor	1 Teri Lynn Rutherford		Case number (if known)					
	rief description of the property and line on chedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
	iscellaneous jewelry ne from <i>Schedule A/B</i> : 12.1	\$200.00	•	\$200.00	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)			
LII	Te Holli Schedule AVB. 12.1			100% of fair market value, up to any applicable statutory limit	2329.00(A)(4)(b)			
	hecking 0929: Fifth Third Bank	\$39.00		\$39.00	Ohio Rev. Code Ann. § 2329.66(A)(3)			
LII	The Hoth Schedule AVB. 11.4			100% of fair market value, up to any applicable statutory limit	2020.00(A)(0)			
	D1(k): Fidelity ne from Schedule A/B: 21.1	\$1,500.00		\$1,500.00	Ohio Rev. Code Ann. § 2329.66(A)(10)(c)			
LII	The Holli Schedule A.B. ZTT			100% of fair market value, up to any applicable statutory limit	2329.00(A)(10)(C)			
	 Are you claiming a homestead exemption of more than \$189,050? (Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.) No 							
	 ☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? ☐ No 							

☐ Yes

Fill in	this information to identify	your case:			
Debtor	1 Teri Lynn R	utherford			
	First Name	Middle Name Last Name		-	
Debtor		Middle News		-	
(Spouse	if, filing) First Name	Middle Name Last Name			
United	States Bankruptcy Court for	the: SOUTHERN DISTRICT OF OHIO		-	
Case r	number				
(if known				☐ Check	if this is an
				ameno	ded filing
Offici	al Form 106D				
Sch	edule D: Credito	ors Who Have Claims Secure	d by Propert	У	12/15
is neede		ible. If two married people are filing together, both are e- ill it out, number the entries, and attach it to this form. C			
1. Do an	y creditors have claims secur	ed by your property?			
	No. Check this box and sub	mit this form to the court with your other schedules.	You have nothing else	to report on this form.	
	Yes. Fill in all of the informa	tion below	· ·	·	
Part 1:			Column A	Column B	Column C
		has more than one secured claim, list the creditor separatel or has a particular claim, list the other creditors in Part 2. As	Amount of claim	Value of collateral	Unsecured
		abetical order according to the creditor's name.	Do not deduct the	that supports this	portion
	Seneral Electric Credit		value of collateral.	claim	If any
21 -	Inion	Describe the property that secures the claim:	\$14,719.00	\$13,514.00	\$1,205.00
С	reditor's Name	2018 Toyota Rav4 100,000 miles	-		
_		As of the date you file, the claim is: Check all that			
	O Box 925	apply.			
_	Vilmington, OH 45177	Contingent			
N	umber, Street, City, State & Zip Code	1			
Who	wes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
_	tor 1 only	_			
_	tor 2 only	 An agreement you made (such as mortgage or secar loan) 	ecured		
_	tor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
_	east one of the debtors and anot	—			
☐ Che	eck if this claim relates to a nmunity debt	Other (including a right to offset)			
COI	imanity uebt				
Date de	ebt was incurred	Last 4 digits of account number			

Debtor 1 Teri Lynn Rutherford		Case number (if known)				
First Name Middle N	lame Last Name					
2.2 Mycumortgage/Wright Patt Creditor's Name 3560 Pentagon Blvd Beavercreek, OH 45431	Describe the property that secures the claim: 857 Beech Ave Cincinnati, OH 45205 Hamilton County As of the date you file, the claim is: Check all that apply. □ Contingent		\$133,600.00	\$0.00		
Number, Street, City, State & Zip Code	☐ Unliquidated					
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.					
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien))				
At least one of the debtors and another	☐ Judgment lien from a lawsuit					
☐ Check if this claim relates to a community debt	Other (including a right to offset)					
Opened Date debt was incurred 05/19	Last 4 digits of account number	9				
			1			
_	Column A on this page. Write that number here:	\$81,979.	45			
If this is the last page of your form, add	the dollar value totals from all pages.	\$81,979.	45			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Write that number here:

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this in	nformation to identify your	case:			ĺ	
Debtor 1	Teri Lynn Rutherf	ord				
Debior 1	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	SOUTHERN DISTRICT O	F OHIO			
Case number	or.					
(if known)					☐ Check if amended	
	orm 106E/F le E/F: Creditors W	ho Have Unsecur	ed Claims			12/15
Schedule G: E Schedule D: C left. Attach the name and cas	contracts or unexpired leases Executory Contracts and Unexp Treditors Who Have Claims Sec e Continuation Page to this pag en umber (if known). ist All of Your PRIORITY Un	ired Leases (Official Form 106 ured by Property. If more space e. If you have no information	G). Do not include ce is needed, copy	any creditors with partially the Part you need, fill it out,	secured claims that are number the entries in t	e listed in the boxes on the
	reditors have priority unsecure					
	o to Part 2.	a olamo agamot you.				
☐ Yes.	o to Fait 2.					
□ res.						
Part 2: L	ist All of Your NONPRIORIT	Y Unsecured Claims				
3. Do any c	reditors have nonpriority unsec	cured claims against you?				
□ No. Yo	ou have nothing to report in this p	art. Submit this form to the court	with your other sche	edules.		
Yes.						
4. List all of unsecure	f your nonpriority unsecured cladin, list the creditor separately creditor holds a particular claim, li	for each claim. For each claim	listed, identify what t	ype of claim it is. Do not list cl	laims already included in	Part 1. If more
					Total	claim
4.1 Acc	ceptance NOW	Last 4 digits o	f account number	3480		\$3,425.00
Atti 550	priority Creditor's Name n: Bankruptcy I1 Headquarters Dr no, TX 75024	When was the	debt incurred?	Opened 07/21 Last 5/27/22	Active	
Num	ber Street City State Zip Code incurred the debt? Check one.	As of the date	you file, the claim i	s: Check all that apply		
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated	d			
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and and	other Type of NONP	RIORITY unsecured	l claim:		
	Check if this claim is for a comr	munity	ns			
debt Is th	t e claim subject to offset?	☐ Obligations report as priorit		ration agreement or divorce the	hat you did not	
■ N	No	☐ Debts to pe	nsion or profit-sharin	g plans, and other similar deb	ots	
ΠY	'es	Other. Spec	sify Account			

Debtor	1 Teri Lynn Rutherford		Case number (if known)				
4.2	Caine & Weiner	Last 4 digits of account number	0262	\$95.00			
	Nonpriority Creditor's Name Re: Progressive 5805 Sepulveda Blvd 4th Fl Sherman Oaks, CA 91411	When was the debt incurred?	Opened 05/22				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d alaim.				
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Account					
4.3	Capital One Nonpriority Creditor's Name	Last 4 digits of account number	6070	\$735.00			
	Attn: Bankruptcy Po Box 30285	When was the debt incurred?	Opened 02/20 Last Active 06/22				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	Disputed					
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	Debts to pension or profit-sharing					
	Yes	■ Other. Specify Credit Card					
4.4	Chase Card Services	Last 4 digits of account number	7929	\$548.00			
	Nonpriority Creditor's Name Attn: Bankruptcy PO Box 15298 Wilmington, DE 19850	When was the debt incurred?	Opened 12/19 Last Active 02/22				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin					
	■ No □ Yes	·					
	□ res	Other. Specify Credit Card	<u> </u>				

Debtor	1 Teri Lynn Rutherford	Case number (if known)					
4.5	Check 'n Go Nonpriority Creditor's Name	Last 4 digits of account number	0011		\$2,191.00		
	Attn: Bankruptcy Po Box 14283 Cincinnati, OH 45283	When was the debt incurred?	Opened 10/21 6/10/22	Last Active			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that appl	ly			
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only □ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another ☐ Check if this claim is for a community	Type of NONPRIORITY unsecured Student loans	d claim:				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not			
	No	Debts to pension or profit-sharin	g plans, and other sir	nilar debts			
	Yes	Other. Specify Unsecured					
4.6	Chime/Stride Bank Nonpriority Creditor's Name	Last 4 digits of account number	5750		\$50.00		
	Attn: Bankruptcy Po Box 417	When was the debt incurred?	Opened 12/22 04/23	Last Active			
	San Francisco, CA 94104 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that appl	ly			
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed☐					
	☐ At least one of the debtors and another☐ Check if this claim is for a community	Type of NONPRIORITY unsecured ☐ Student loans	d claim:				
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims					
	■ No	☐ Debts to pension or profit-sharin					
	Yes	Other. Specify Account					
4.7	Comenity Bank/Buckle	Last 4 digits of account number	8663		\$620.00		
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 03/21 06/22	Last Active			
	Number Street City State Zip Code	As of the date you file, the claim i					
	Who incurred the debt? Check one. ☐ Debtor 1 only	-					
	■ Debtor 2 only	Contingent					
	Debtor 2 only Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured					
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not			
	■ No	Debts to pension or profit-sharin	g plans, and other sir	milar debts			
	Yes	■ Other. Specify Charge Acc	count				

Debtor	1 Teri Lynn Rutherford	Case number (if known)						
4.8	Kohls/Capital One	Last 4 digits of account number	4891		\$469.00			
	Nonpriority Creditor's Name Attn: Credit Admin Po Box 3043 Milwaukee, WI 53201	When was the debt incurred?	Opened 06/21 07/22	Last Active				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that app	ly				
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	Unliquidated						
	Debtor 1 and Debtor 2 only	Disputed	d alaim.					
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	ı cıaım:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other sir	milar debts				
	☐ Yes	Other Specify Charge Acc	count					
4.9	Lendmark	Last 4 digits of account number	0607		\$7,720.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 1735 N Brown Rd Ste 300	When was the debt incurred?	Opened 06/21 11/22	Last Active				
	Lawrenceville, GA 30043 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that app	lv				
	Who incurred the debt? Check one.	,		•				
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:					
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not				
	No	□ Debts to pension or profit-sharing plans, and other similar debts						
	□Yes	Other Specify Account						
4.1	NCB Management Services	Last 4 digits of account number	4429		\$6,167.00			
0	Nonpriority Creditor's Name	Last 4 digits of account number			Ψο,τοτίου			
	Re: Finwise/Rise 1 Allied Drive	When was the debt incurred?	Opened 11/22 08/22	Last Active				
	Trevose, PA 19053 Number Street City State Zip Code	As of the date you file, the claim	s: Check all that app	ly				
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent☐ Unliquidated						
	Debtor 2 only							
	Debtor 1 and Debtor 2 only	d alaim.						
	At least one of the debtors and another	d claim:						
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or o	divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other sir	milar debts				
	Yes	Other. Specify Account						

Debto	Teri Lynn Rutherford		Case number (if known)				
4.1	Paragon Revenue Group	Last 4 digits of account number	8838	\$1,175.00			
	Nonpriority Creditor's Name Re: Christ Hospital Po Box 127	When was the debt incurred?	Opened 01/23				
	Concord, NC 28025 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Account	· 				
4.1	Portfolio Recovery Associates	Last 4 digits of account number	6952	\$707.00			
	Nonpriority Creditor's Name Re: Citibank 120 Corporate Blvd	When was the debt incurred?	Opened 07/22				
	Norfolk, VA 23502 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Account					
4.1	Receivables Performance Mgmt	Last 4 digits of account number	1864	\$176.00			
	Nonpriority Creditor's Name Re: Cincinnati Bell	When was the debt incurred?	Opened 10/22				
	Po Box 1548 Lynnwood, WA 98046 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply				
	Debtor 1 only	☐ Contingent					
	■ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	□ Yes	Other Specify Account					

Debtor 1 Teri Lynn Rutherford			Rutherford	Case number (if known)					
4.1	Synchr	ony/	PayPal Credit	Last 4 digits of account numbe	er	7606			\$2,871.00
	Nonpriority Attn: Barry Po Box Orlando	ankr 965	060	When was the debt incurred?		Open 06/22		Last Active	
-	Number S	Street (City State Zip Code he debt? Check one.	As of the date you file, the clair	m is:	Check	all that apply	,	
	☐ Debtor	r 1 onl	у	☐ Contingent					
	Debto	r 2 onl	у	☐ Unliquidated					
	☐ Debtor	r 1 and	Debtor 2 only	☐ Disputed					
	☐ At leas	st one	of the debtors and another	Type of NONPRIORITY unsecu	red o	claim:			
		c if this	s claim is for a community	☐ Student loans					
	debt	im sul	bject to offset?	☐ Obligations arising out of a se report as priority claims	epara	ition ag	reement or di	vorce that you did not	
	■ No		•	Debts to pension or profit-sha	aring	plans, a	and other sim	ilar debts	
	☐ Yes			Other. Specify Credit Ca	rd				
4.1	Toyota			Last 4 digits of account number	er _	0001			\$28,000.00
	Attn: B	ankr	litor's Name uptcy nwater Dr	When was the debt incurred?	_	2021			
-	Number S	Street (GA 30009 City State Zip Code	As of the date you file, the clain	m is:	Check	all that apply	,	
	Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only								
				☐ Contingent					
				☐ Unliquidated					
			•	☐ Disputed Type of NONPRIORITY unsecured claim:					
			of the debtors and another	☐ Student loans					
	debt	(if this	s claim is for a community	☐ Obligations arising out of a se	epara	ition ad	reement or di	vorce that you did not	
	Is the cla	im sul	bject to offset?	report as priority claims				,	
	■ No			Debts to pension or profit-sha	•	•		ilar debts	
	☐ Yes			Other. Specify Vehicle Id	oan	defic	iency		
Part 3:	List O	thers	to Be Notified About a Deb	t That You Already Listed					
is tryir have n	ng to colle	ct fro	m you for a debt you owe to son	out your bankruptcy, for a debt tha neone else, list the original creditor you listed in Parts 1 or 2, list the ac submit this page.	in P	arts 1	or 2, then lis	t the collection agency	here. Similarly, if you
	nd Address se Rise	3		On which entry in Part 1 or Part 2 did y ine 4.10 of (Check one):	_		•		
	se Kise Bankrup	tcv	L	ine 4.10 of (Check one):				Priority Unsecured Clair	
Po Bo	x 67990	0			_	art 2: 0	reditors with	Nonpriority Unsecured	Claims
Dallas	, TX 752	267	L	ast 4 digits of account number					
Dort 4.	.	ha A.	nounts for Each Time of Uni	accuract Claim					
		nts of		ns. This information is for statistica	ıl rep	orting	purposes or	nly. 28 U.S.C. §159. Add	I the amounts for each
,, - ·								Total Claim	
		6a.	Domestic support obligations			6a.	\$	0.00	
Total claims									
from Pa	rt 1	6b.	Taxes and certain other debts	you owe the government		6b.	\$	0.00	
		6c.		njury while you were intoxicated		6c.	\$	0.00	
		6d.	Other. Add all other priority unse	cured claims. Write that amount here.		6d.	\$	0.00	

Debtor 1 Teri Lynn Rutherford

Case number (if known)

				, ,	
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
Total	6f.	Student loans	6f.	*	tal Claim 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	54,949.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	54,949.00

Fill in this infor						
Debtor 1	Teri Lynn Ruther	ford				
	First Name	Middle Name	Last Name	-		
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO			
Case number						
(if known)					□ C	heck if this is an
					ar	mended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	•				
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5	-				
	Name				_
	Number	Street			_
	City		State	ZIP Code	

Fill in this	information to identify your	case:			
Debtor 1	Teri Lynn Ruther				
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, filing	g) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	SOUTHERN DISTRICT	OF OHIO		
Case numb	per				
(if known)					Check if this is an amended filing
Official	Form 106H			·	
	ule H: Your Cod	ehtors			12/15
Jenea	ule II. Toul oou	CDIOIS			12/13
1. Do y ■ No □ Yes	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	e as a codebtor.	
Arizona 	nin the last 8 years, have you a, California, Idaho, Louisiana,				states and territories include
	Go to line 3. . Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
in line Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor lame, Number, Street, City, State and Zl	P Code		Column 2: The crec Check all schedules	litor to whom you owe the debt s that apply:
3.1				☐ Schedule D, line	
	Name			Schedule E/F, lir	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code	<u> </u>	
	- •	- 			
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, lir	ne
				☐ Schedule G, line	
	Number Street Dity	State	ZIP Code		
	July	State	Zii- Code		

Fill	in this information to identify your ca	ase:									
De	btor 1 Teri Lynn Ru	utherford									
	btor 2 puse, if filing)				_						
Un	ited States Bankruptcy Court for the	: SOUTHERN DISTRIC	T OF OHIO		_						
	se number 					☐ Ar		ent show	wing postp e following	petition chapter g date:	
0	fficial Form 106I					M	M / DD/ Y	YYY			
S	chedule I: Your Inc	ome								12/1	5
spo	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment still in your employment	r spouse is not filing wi	ith you, do not inc onal pages, write	lude infor	mati	on about d case nu	your spo mber (if I	ouse. If known)	more spa). Answer	ace is needed, r every question	n
	information.		Debtor 1				Debtor 2	or nor	n-filing sp	oouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed				Emplo	•			
	information about additional employers.		☐ Not employed				☐ Not er	mployed	d		
		Occupation	Patient Acces	s Superv	/isor	· 					
	Include part-time, seasonal, or self-employed work.	Employer's name	Clinical Health	n Networ	k						
	Occupation may include student or homemaker, if it applies.	Employer's address	857 Beech Av Cincinnati, Ol								
		How long employed to	here? 2.5 ye	ears			_				
Pa	rt 2: Give Details About Mor	nthly Income									
Esti	mate monthly income as of the dause unless you are separated.		you have nothing to	report for	any	line, write	\$0 in the	space.	Include y	our non-filing	
,	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the informat	ion for all	emplo	oyers for t	hat perso	n on the	e lines be	low. If you need	
						For Deb	tor 1		Debtor 2 of		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	5,	573.00	\$		0.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$		0.00	

5,573.00

0.00

Calculate gross Income. Add line 2 + line 3.

Debtor 1	Teri Lynn Rutherford	-	Case r	number (if known)		
			For	Debtor 1		Debtor 2 or n-filing spouse
Co	ppy line 4 here	4.	\$	5,573.00	\$	0.00
5. Li s	st all payroll deductions:					
5. <u>–</u> 5a	• •	5a.	\$	1,233.00	\$	0.00
5a 5b	•	5b.	\$ —	0.00	\$ -	0.00
5c		5c.	\$ 	109.00	\$ -	0.00
5d	· · · · · · · · · · · · · · · · · · ·	5d.	\$—	0.00	\$ -	0.00
5e		5e.	\$ —	127.00	\$ -	0.00
5f.		5f.	\$ 	0.00	\$ -	0.00
5i. 5g	3	5g.	\$ 	0.00	\$ -	0.00
59 5h		5g. 5h.⊣	· · —	0.00	· -	0.00
_			- Ψ	0.00	_	
	ld the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,469.00	\$_	0.00
7. C a	Ilculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,104.00	\$_	0.00
8a 8b	profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. 8b.	\$ \$	0.00	\$_ \$	0.00 0.00
8c	 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 	8c.	\$	0.00	\$	0.00
8d	Unemployment compensation	8d.	\$	0.00	\$_	0.00
8e	Social Security	8e.	\$	0.00	\$	0.00
8f. 8g 8h	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g. 8h.+	\$ \$ - \$	0.00 0.00 0.00	\$_ \$_ + \$_	0.00 0.00 0.00
9. A c	dd all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$_	0.00
10. C a	Ilculate monthly income. Add line 7 + line 9.	10. \$	4	4,104.00 + \$		0.00 = \$ 4,104.00
Ac	d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.					
Ind oth Do	ate all other regular contributions to the expenses that you list in <i>Schedule</i> clude contributions from an unmarried partner, members of your household, your ner friends or relatives. o not include any amounts already included in lines 2-10 or amounts that are not specify:	depen				Schedule J. 11. +\$0.00

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies

12.	\$	4,104.00
	Cor	mbined

monthly income

		Ν	lC

Yes. Explain:

Fill in this information to identify your case:			
Debtor 1 Teri Lynn Rutherford		Check if this is:	
Debtor 2		An amended filing	uing poetpotition aboutor
(Spouse, if filing)		A supplement show13 expenses as of	ving postpetition chapter the following date:
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO		MM / DD / YYYY	
Case number			
(If known)			
Official Form 106J			
Schedule J: Your Expenses			12/15
Be as complete and accurate as possible. If two married people are fi information. If more space is needed, attach another sheet to this for number (if known). Answer every question.			
Part 1: Describe Your Household 1. Is this a joint case?			
■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household?			
□ No □ Yes. Debtor 2 must file Official Form 106J-2, <i>Expenses for</i>	r Separate Household of	Debtor 2.	
2. Do you have dependents? ■ No			
	Dependent's relationship t Debtor 1 or Debtor 2	o Dependent's age	Does dependent live with you?
Do not state the			□ No
dependents names.			☐ Yes ☐ No
			☐ Yes
_			□ No
_			Yes
			□ No □ Yes
3. Do your expenses include ■ No			□ Yes
expenses of people other than yourself and your dependents?			
Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you expenses as of a date after the bankruptcy is filed. If this is a supplen applicable date.			
Include expenses paid for with non-cash government assistance if you the value of such assistance and have included it on Schedule I: You	ou know er Income		
(Official Form 106I.)		Your exp	enses
 The rental or home ownership expenses for your residence. Include payments and any rent for the ground or lot. 	ude first mortgage	4. \$	880.00
If not included in line 4:			
4a. Real estate taxes	4a	a. \$	0.00
4b. Property, homeowner's, or renter's insurance		o. \$	0.00
4c. Home maintenance, repair, and upkeep expenses		c. \$	80.00
4d. Homeowner's association or condominium dues5. Additional mortgage payments for your residence, such as home		d. \$ 5. \$	0.00 0.00

Teri Lynn Rutherford	Case num	ber (if known)	
itias:			
	62	\$	290.00
•		·	170.00
		· -	
		·	280.00
• • •		·	0.00
. •		·	870.00
		·	0.00
thing, laundry, and dry cleaning	9.	\$	90.00
sonal care products and services	10.	\$	80.00
dical and dental expenses	11.	\$	255.00
nsportation. Include gas, maintenance, bus or train fare.	12.	\$	220.00
		·	160.00
		·	30.00
<u> </u>	14.	Ψ	30.00
	r 20		
		\$	0.00
		·	
		·	0.00
		· -	190.00
		\$	0.00
		¢	0.00
•	10.	Ψ	<u>U.UU</u>
	170	¢	0.00
. ,		· -	0.00
• •		·	0.00
		·	0.00
		\$	0.00
		\$	0.00
	. o oo.,.	·	
		Ψ	0.00
·			
			0.00
		·	0.00
		·	0.00
		· -	0.00
		·	0.00
. Homeowner's association or condominium dues	20e.	\$	0.00
er: Specify:	21.	+\$	0.00
· · · 			
·			
<u> </u>			3,595.00
. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Fo	orm 106J-2	\$	
. Add line 22a and 22b. The result is your monthly expenses.		\$	3,595.00
	00	Φ.	4 40 4 00
		·	4,104.00
. Copy your monthly expenses from line 22c above.	23b.	-\$	3,595.00
Subtract your monthly expenses from your monthly income			
The result is your <i>monthly net income</i> .	23c.	\$	509.00
you expect an increase or decrease in your expenses within the yexample, do you expect to finish paying for your car loan within the year or do you			e or decrease because of a
lification to the terms of your mortgage?			
lification to the terms of your mortgage?			
	ities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: do and housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning sonal care products and services dical and dental expenses insportation. Include gas, maintenance, bus or train fare. Include car payments. ertainment, clubs, recreation, newspapers, magazines, and book intable contributions and religious donations urance. Include insurance deducted from your pay or included in lines 4 or Life insurance Health insurance Vehicle insurance. Other insurance. Specify: es. Do not include taxes deducted from your pay or included in lines of cify: allment or lease payments: Car payments for Vehicle 1 Car payments for Vehicle 2 Other. Specify: United from your pay on line 5, Schedule I, Your Income (Official er payments of alimony, maintenance, and support that you did in flucted from your pay on line 5, Schedule I, Your Income (Official er payments you make to support others who do not live with your cify: er real property expenses not included in lines 4 or 5 of this form Mortgages on other property Real estate taxes Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues er: Specify: culate your monthly expenses Add lines 4 through 21. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form Add line 22a and 22b. The result is your monthly expenses. culate your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly net income. Copy line 12 (your combined monthly income) from Schedule I. Copy your monthly expenses from your monthly income. The result is your monthly expenses from your monthly income. The result is your monthly expenses from your expenses within the	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services 6c. Other. Specify: 6d. dand housekeeping supplies Idcare and children's education costs thing, laundry, and dry cleaning 9. sonal care products and services 10. dical and dental expenses 11. nsportation. Include gas, maintenance, bus or train fare. not include car payments. ertainment, clubs, recreation, newspapers, magazines, and books 13. iritable contributions and religious donations 14. Iritable contributions and religious donations 14. Iritable contributions and religious donations 15. Life insurance 15c. Health insurance 15c. Other insurance. Specify: 15d. es. Do not include taxes deducted from your pay or included in lines 4 or 20. city: 16l. Isliensurance of the contribution of the contribu	Itilies: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: dand housekeeping supplies Idcare and children's education costs Ithing, laundry, and dry cleaning Sonal care products and services Idcare and children's education costs Ithing, laundry, and dry cleaning Sonal care products and services Idcal and dental expenses Insportation. Include gas, maintenance, bus or train fare. Include car payments. Idcal and dental expenses Intitiable contributions and religious donations Idcal insurance deducted from your pay or included in lines 4 or 20. Life insurance Intitiable contributions and religious donations Idcal insurance. Include insurance deducted from your pay or included in lines 4 or 20. Life insurance Include insurance specify: Idcal several for insurance insurance. Specify: Idcal for insurance. Specify: Idcal for insurance insurance insurance. Include taxes deducted from your pay or included in lines 4 or 20. Incitication insurance insurance insurance. Incitication insurance insurance insurance insurance. Incitication insurance insurance insurance insurance insurance. Incitication insurance insurance insurance insurance insurance insurance. Incitication insurance insuran

Fill in th	is information to identify your	case:			
Debtor 1	y				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
United S	States Bankruptcy Court for the:	SOUTHERN DISTRIC	T OF OHIO		
0	and an				
Case nu (if known)					eck if this is an nended filing
	al Form 106Dec aration About a	an Individua	l Debtor's Sc	hedules	12/15
it two ma	arried people are filing togethe	r, both are equally resp	onsible for supplying corr	ect information.	
				Making a false statement, concea	
			nkruptcy case can result in	n fines up to \$250,000, or impriso	nment for up to 20
years, or	both. 18 U.S.C. §§ 152, 1341,	1519, and 3571.			
	Sign Below				
Did	I you pay or agree to pay some	eone who is NOT an atto	orney to help you fill out b	ankruptcy forms?	
	No				
П	Yes. Name of person			Attach Bankruptcy Petition	n Proparar's Nation
	Tes. Name of person			Declaration, and Signature	•
					,
	ler penalty of perjury, I declare	that I have read the sur	mmary and schedules filed	d with this declaration and	
tnat	they are true and correct.				
Х	/s/ Teri Lynn Rutherford		X		
	Teri Lynn Rutherford		Signature of I	Debtor 2	
	Signature of Debtor 1		ŭ		
	Date October 20, 2024		Date		
	Date October 30, 2024		Date		

E:U :	in Alvin inform					
		nation to identify you				
Deb	IOI I	Teri Lynn Ruthe First Name	Middle Name	Last Name		
Debt (Spou	tor 2 ise if, filing)	First Name	Middle Name	Last Name		
		nkruptcy Court for the:	SOUTHERN DISTRICT C	OF OHIO		
Case	e number					
(if kno	_					Check if this is an imended filing
	icial Fo		Affaira far Individ	Juala Filipa far B	and runtor	2.150
			Affairs for Individ			04/22
infor numl	mation. If moder (if known	ore space is needed, n). Answer every que	attach a separate sheet to stion.	this form. On the top of an	equally responsible for sup y additional pages, write you	
Part	<u>'</u>	r current marital statu	arital Status and Where You us?	Lived Before		
	■ Married Not mar					
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No					
	_	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	ı.	
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
					ity property state or territor ico, Texas, Washington and V	
	■ No					
	_	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Of	ficial Form 106H).		
Part	2 Explai	n the Sources of You	r Income			
	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No					
	Yes. Fill	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$48,815.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Debtor 1 Teri Lynn Rutherford				Case number (if known)						
					Debtor 1			Debtor 2		
					Sources of income Check all that apply.	Gross income (before deduction exclusions)	ons and	Sources of inco		Gross income (before deductions and exclusions)
			dar year: December 3		■ Wages, commissions, bonuses, tips	\$66,	797.00	☐ Wages, comr bonuses, tips	nissions,	
					☐ Operating a business			☐ Operating a b	ousiness	
			dar year bef December 3	21 2022 \	■ Wages, commissions, bonuses, tips	\$54,	047.00	☐ Wages, comr bonuses, tips	nissions,	
					☐ Operating a business			☐ Operating a b	ousiness	
	and winn	other nings. each s	public benef If you are fili	it payments; peng a joint case	r that income is taxable. Exa ensions; rental income; interd and you have income that y ne from each source separat	est; dividends; mor ou received togeth	ney collect ner, list it o	ed from lawsuits; r nly once under De	oyalties; and btor 1.	
					Debtor 1			Debtor 2		
				\$	Sources of income Describe below.	Gross income each source (before deduction exclusions)		Sources of inco	ome	Gross income (before deductions and exclusions)
Part	t 3:	List	Certain Pa	ments You W	lade Before You Filed for E	Bankruptcy				
6.	Are □	No.	Neither De individual puring the No. Yes	btor 1 nor De rimarily for a p 90 days before Go to line 7. List below ea paid that crec not include pa o adjustment c	debts primarily consumer btor 2 has primarily consumersonal, family, or household by you filed for bankruptcy, did ch creditor to whom you paid ditor. Do not include payment ayments to an attorney for the on 4/01/25 and every 3 years both have primarily consumers you filed for bankruptcy, did	mer debts. Consult purpose." If you pay any cred a total of \$7,575* ts for domestic supuis bankruptcy cases after that for case mer debts.	f or more in opport obligations.	of \$7,575* or more of some or more payre ations, such as chi	e? ments and th ld support ar	ne total amount you nd alimony. Also, do
			■ No.	Go to line 7.	s you med for bankruptcy, did	a you pay any cred	iitoi a totai	or pood or more:		
			☐ Yes	List below ea include paym	ch creditor to whom you paid ents for domestic support ob his bankruptcy case.					
	Cre	ditor'	s Name and	Address	Dates of paymen	nt Total ar	mount paid	Amount you still owe	Was this p	ayment for

7.	Within 1 year before you filed for bankrupt <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partne r more of their voting	rships of which you	ou are a genera iny managing a	I partner; corporations gent, including one fo				
	■ No									
	☐ Yes. List all payments to an insider.									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment				
В.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.									
	■ No□ Yes. List all payments to an insider									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment				
	Identify Land Actions Department		Para							
Pai	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures								
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.									
	■ No □ Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency		Status of the	e case				
10.	Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.									
	■ No. Go to line 11. □ Yes. Fill in the information below.									
	Creditor Name and Address	Describe the Property				Value of the				
		Explain what happened	i			property				
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?									
	■ No □ Yes. Fill in the details.									
	Creditor Name and Address	creditor took	Date	action was	Amount					
				take	n					
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possessi	on of an assigne	ee for the bene	fit of creditors, a				
	No									
	☐ Yes									
Pa	rt 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankrup	tcy, did you give any gifts	s with a total value	of more than \$60	00 per person?	•				
	No									
	Yes. Fill in the details for each gift.			_						
	Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave jifts	Value				
	Person to Whom You Gave the Gift and									

Case number (if known)

Debtor 1 Teri Lynn Rutherford

14.	Within 2 years before you filed for bankrup ■ No	otcy, c	lid you give any gifts or contribution	าร with a tota	I value of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or cont	tributi	ion.			
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		Describe what you contributed		Dates you contributed	Value
Par	t 6: List Certain Losses					
	Within 1 year before you filed for bankrupto or gambling?	cy or	since you filed for bankruptcy, did y	ou lose anyt	hing because of thef	it, fire, other disaster
	■ No					
	☐ Yes. Fill in the details.					
	Describe the property you lost and	escri	be any insurance coverage for the lo	oss	Date of your	Value of property
			the amount that insurance has paid. Lace claims on line 33 of Schedule A/B:		loss	lost
Par	t 7: List Certain Payments or Transfers					
	Include any attorneys, bankruptcy petition prep No Yes. Fill in the details. Person Who Was Paid Address	parers	Description and value of any propertransferred		Date payment or transfer was	Amount of payment
	Email or website address Person Who Made the Payment, if Not You				made	
	Recovery Law Group, APC 600 Superior Ave E Ste 1300 Cleveland, OH 44114 recoverylawgroup.com		Attorney Fee + Filing Fee		08/2024	\$1,863.00
	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that yo	ors o	r to make payments to your creditor		r transfer any prope	rty to anyone who
	■ No					
	☐ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	Within 2 years before you filed for bankrup transferred in the ordinary course of your k Include both outright transfers and transfers m include gifts and transfers that you have alread	busin nade a	ess or financial affairs? as security (such as the granting of a se			
	_ 140					
	Person Who Received Transfer Address		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Person's relationship to you					

Debtor 1 Teri Lynn Rutherford

19.	Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)							
	■ No □ Yes. Fill in the details.							
	Name of trust	Description and v	alue of the pro	perty trans	ferred	Date Transfer was made		
						made		
Par	t 8: List of Certain Financial Accounts, Instru	iments, Safe Deposit	Boxes, and St	orage Unit	S			
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associat No	ther financial accour	nts; certificates	of deposit				
	☐ Yes. Fill in the details.	Yes. Fill in the details.						
		ast 4 digits of ecount number	count number instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?							
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	of Financial Institution Who else had access to it? Describe the co		the contents	Do you still have it?			
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	■ No □ Yes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?		
Par	t 9: Identify Property You Hold or Control for	Someone Else						
23.	Do you hold or control any property that some for someone.	one else owns? Inclu	ıde any proper	ty you borr	owed from, are storing f	or, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Value		
Par	t 10: Give Details About Environmental Inform	nation						
For	the purpose of Part 10, the following definitions	apply:						
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a	_		• .				

- regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24.	_	any governmental unit notified you that	you may be liable or potentially liable	un	der or in violation of an environme	ental law?			
		No Yes. Fill in the details.							
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
25.									
	_	No Yes. Fill in the details.							
		ne of site Iress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	d	Environmental law, if you know it	Date of notice			
26.	Have	you been a party in any judicial or adn	ninistrative proceeding under any envi	iron	mental law? Include settlements a	ind orders.			
		No Yes. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case			
Par	t 11:	Give Details About Your Business or	Connections to Any Business						
27.	With	in 4 years before you filed for bankrupt	cy, did you own a business or have an	ıy o	f the following connections to any	business?			
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
		☐ A partner in a partnership							
		☐ An officer, director, or managing ex	ecutive of a corporation						
		☐ An owner of at least 5% of the voting or equity securities of a corporation							
		■ No. None of the above applies. Go to Part 12.							
		Yes. Check all that apply above and fill	in the details below for each business	s.					
		iness Name Iress	Describe the nature of the business		Employer Identification number				
		bber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		Do not include Social Security number or ITIN. Dates business existed				
28.		in 2 years before you filed for bankrupt tutions, creditors, or other parties.	cy, did you give a financial statement t	to a	nyone about your business? Inclu	de all financial			
		No Yes. Fill in the details below.							
		ne Iress ber, Street, City, State and ZIP Code)	Date Issued						

Debto	Teri Lynn Rutherford	Case number (if known)
Part 1	2: Sign Below	
are tru vith a	ie and correct. I understand that mak	Financial Affairs and any attachments, and I declare under penalty of perjury that the answers g a false statement, concealing property, or obtaining money or property by fraud in connection to \$250,000, or imprisonment for up to 20 years, or both.
/s/ Te	eri Lynn Rutherford	
	Lynn Rutherford lture of Debtor 1	Signature of Debtor 2
Date	October 30, 2024	Date
•	u attach additional pages to Your St	ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
No		
☐ Yes	3	
Did yo	u pay or agree to pay someone who	not an attorney to help you fill out bankruptcy forms?
No		

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

LBR Form 2016-1(b)

UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF OHIO

In re: Teri Lynn Rutherford		Case No.
Ton Eyim Rumonoru		Chapter 13
	Debtor(s)	Judge

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR AND APPLICATION FOR ALLOWANCE OF FEES IN CHAPTER 13 CASE

I. **Disclosure**

1.	Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that compensation paid to me within one year before the filing of the perservices rendered or to be rendered on behalf of the debtor(s) in contemplate follows:	etition in bankruptcy	, or agreed to be paid to me, for
F	for legal services, I have agreed to accept	\$	4,350.00
	rior to the filing of this statement I have received		1,550.00
	Balance Due	\$	2,800.00
2.	\$313.00_ of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any associates of my law firm.	other persons unless t	hey are members and/or
	☐ I have agreed to share the above-disclosed compensation with another of my law firm. A copy of the agreement, together with a list of the na attached.		

Application

- I hereby apply for an allowance of fees in the amount set forth above. I understand and agree that the Court may approve, without itemization, an allowance of fees not to exceed \$4,350, for rendering the legal services set forth below. If I seek payment of fees in excess of \$4,350, I will file a separate application that sets forth the total amount of the fee requested, and that includes an itemization of all legal services performed, the amount and itemization of any expenses for which reimbursement is sought, the identification and hourly billing rate of any attorney, paralegal, or other professional person for whom fees are sought, and the actual time spend by the attorney, paralegal, or other professional person for whom fees are sought.
 - Initial client interview, preparation and signing of any retainer or representation agreement, analysis of the debtor's a. financial situation, and rendering advice to the debtor in determining whether, and under what chapter, to file a petition in bankruptcy;
 - Advising the debtor concerning his or her obligations and duties pursuant to the Code, the Rules, the Local Rules, b. applicable court orders, and provisions of his or her chapter 13 plan;
 - Preparation and filing of any document required by § 521 of the Code, including Official Form 122C-1 and Official Form c. 122C-2 (if applicable), the petition, schedules, statement of financial affairs and any amendments thereto that may be required;

- d. Preparation and filing of the chapter 13 plan and any preconfirmation amendments thereto that may be required; provided, legal services performed relative to Paragraphs 5.4.1,5.4.2 and 5.4.3 of the chapter 13 plan are not covered by the no-look fee and may be compensated through a separate application for fees; however, in such event, no additional compensation will be allowed for the preparation and filing of a motion pursuant to Rule 5009(d).
- e. Preparation and filing of payroll orders and amended payroll orders, except amended payroll orders prepared in connection with the modification of a plan or the temporary suspension of payments;
- f. Representation of the debtor at the § 341 meeting of creditors and confirmation hearing, and at any adjournments thereof;
- g. Filing of address changes for the debtor;
- h. Review of claims;
- i. Review of notice of intention to pay claims;
- j. Preparation and filing of objections to non-real estate and non-tax claims, exclusive of any hearings;
- k. Preparation and filing of first motion to suspend or temporarily reduce plan payments;
- 1. Representation of the debtor in the submission of the annual tax return or the retaining of the tax refund pursuant to the Mandatory Form Chapter 13 Plan, exclusive of any subsequent inquiry, amendment, status report, motion, objection or hearing;
- m. Filing of a notice of final cure payment, when filed by the debtor, exclusive of any hearings;
- n. Preparation and filing of debtor's certification regarding issuance of discharge order;
- o. Routine phone calls and questions;
- p. File maintenance and routine case management; and
- q. Any other duty as required by local decision or policy.
- 7. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, or any other adversary proceeding.

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and accompanying applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens.

Any examination pursuant to Bankruptcy Rule 2004.

Any continued meeting of creditors due to failure to appear or a failure to provide requested documents by the

852.0085Counsel reserves the right to waive any fees/charges for anything listed above.

October 30, 2024	/s/ Timothy M Cooper	
Date	Timothy M Cooper 0069012	
	Name	
	Recovery Law Group, APC	

Recovery Law Group, APC 600 Superior Ave East Suite 1300 Cleveland, OH 44114 614-353-5844

timothy.cooper@recoverylawgroup.com 0069012 OH

Fill in this information to identify your case:						
Debtor 1	Teri Lynn Rutherford					
Debtor 2 (Spouse, if filing)						
United States B	sankruptcy Court for the: Southern District of Ohio					
Case number (if known)						

Check as directed in lines 17 and 21:							
According to the calculations required by this Statement:							
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).						
	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).						
	3. The commitment period is 3 years.						
	4. The commitment period is 5 years.						

 \square Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Par	Calculate Your Average Monthly Income							
1.	What is your marital and filing status? Check one or	nly.						
	■ Not married. Fill out Column A, lines 2-11.							
	☐ Married. Fill out both Columns A and B, lines 2-11.							
1 th	ill in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-ne 6 months, add the income for all 6 months and divide the tota bouses own the same rental property, put the income from that property.	month perio	od would in the re	be March 1 thro sult. Do not inclu	ugh Au de any	gust 31. If the amoint m	ount of your monthly incom ore than once. For examp	ne varied during le, if both
					Colui Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, payroll deductions).	, and con	nmissio	ons (before all	\$	5,573.03	\$	
3.	Alimony and maintenance payments. Do not include Column B is filled in.	e paymen	ts from	a spouse if	\$	0.00	\$	
4.	All amounts from any source which are regularly p of you or your dependents, including child support from an unmarried partner, members of your household and roommates. Do not include payments from a spour you listed on line 3.	t. Include d, your de	regulai epende	contributions nts, parents,	\$	0.00	\$	
5.	Net income from operating a business, profession, or farm	Debtor 1						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	- \$	0.00					
	Net monthly income from a business, profession, or far	rm \$	0.00	Copy here ->	• \$	0.00	\$	
6.	Net income from rental and other real property	Debtor 1						
	Gross receipts (before all deductions)	\$	0.00					
	Ordinary and necessary operating expenses	- \$	0.00					
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	• \$	0.00	\$	

	Teri Lynn Rutherford			Case numb	oer (if known)			
				Column A Debtor 1		Column E Debtor 2 non-filing	or	
. Int	erest, dividends, and royalties			\$	0.00	\$		
	employment compensation			\$	0.00	\$		
	not enter the amount if you contend the Social Security Act. Instead, list it here		efit under					
1	For you	\$ 0	.00					
	For you For your spouse	\$						
bei not Un dis pay doo	nsion or retirement income. Do not in nefit under the Social Security Act. Also tinclude any compensation, pension, pited States Government in connection ability, or death of a member of the unity paid under chapter 61 of title 10, then es not exceed the amount of retired payetired under any provision of title 10 of	o, except as stated in the next senter eay, annuity, or allowance paid by the with a disability, combat-related inju- formed services. If you received an a include that pay only to the extent by to which you would otherwise be ex-	ence, do ne ury or ny retired that it	\$	0.00	\$		
0. Inc Do red do Un dis	come from all other sources not listed not include any benefits received under served as a victim of a war crime, a crimestic terrorism; or compensation, pen ited States Government in connection ability, or death of a member of the uniques on a separate page and put the to	d above. Specify the source and a per the Social Security Act; payments the against humanity, or international sion, pay, annuity, or allowance paywith a disability, combat-related injuformed services. If necessary, list of	s al or id by the ury or					
				\$	0.00	\$		
				\$	0.00	\$		
	Total amounts from separate page	ges, if any.		\$	0.00	\$		
	Iculate your total average monthly in the column. Then add the total for Colur		\$	5,573.03	+			5,573.03
rt 2:	Determine How to Measure Your	Deductions from Income					IIIC	onthly income
	Determine How to Measure Your							enthly income
2. Co	ppy your total average monthly incom	ne from line 11.					\$	5,573.03
2. Co	ppy your total average monthly incon lculate the marital adjustment. Check	ne from line 11.						·
2. Co 3. Ca ■	ppy your total average monthly inconclculate the marital adjustment. Check You are not married. Fill in 0 below.	ne from line 11. k one:						·
2. Co	ppy your total average monthly incompleulate the marital adjustment. Check You are not married. Fill in 0 below. You are married and your spouse is	ne from line 11. k one: filing with you. Fill in 0 below.						
2. Co 3. Ca ■	ppy your total average monthly inconclculate the marital adjustment. Check You are not married. Fill in 0 below. You are married and your spouse is You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the	ne from line 11. k one: filing with you. Fill in 0 below. not filing with you. d in line 11, Column B, that was NC spouse's tax liability or the spouse	DT regula 's suppor	rly paid for rt of someo	the house ne other th	hold expense an you or yo	\$es of you our depende	5,573.03 r your ents.
2. Co 3. Ca ■	ppy your total average monthly incomplculate the marital adjustment. Check You are not married. Fill in 0 below. You are married and your spouse is You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.	ne from line 11. k one: filing with you. Fill in 0 below. not filing with you. d in line 11, Column B, that was NC spouse's tax liability or the spouse g this income and the amount of inc	DT regula 's suppor	rly paid for rt of someo	the house ne other th	hold expense an you or yo	\$es of you our depende	5,573.03 r your ents.
2. Co 3. Ca	ppy your total average monthly inconclculate the marital adjustment. Check You are not married. Fill in 0 below. You are married and your spouse is You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding	ne from line 11. k one: filing with you. Fill in 0 below. not filing with you. d in line 11, Column B, that was NC spouse's tax liability or the spouse g this income and the amount of inc	OT regula 's suppoi come dev	rly paid for rt of someo	the house ne other th	hold expense an you or yo	\$es of you our depende	5,573.03 r your ents.
2. Co 3. Ca ■	ppy your total average monthly incomplculate the marital adjustment. Check You are not married. Fill in 0 below. You are married and your spouse is You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.	ne from line 11. k one: filing with you. Fill in 0 below. not filing with you. d in line 11, Column B, that was NC spouse's tax liability or the spouse g this income and the amount of inc	DT regula 's suppor	rly paid for rt of someo	the house ne other th	hold expense an you or yo	\$es of you our depende	5,573.03 r your ents.
2. Co 3. Ca	ppy your total average monthly incomplculate the marital adjustment. Check You are not married. Fill in 0 below. You are married and your spouse is You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.	ne from line 11. k one: filing with you. Fill in 0 below. not filing with you. d in line 11, Column B, that was NC spouse's tax liability or the spouse g this income and the amount of inc	DT regula 's suppor come dev	rly paid for rt of someo	the house ne other th	hold expense an you or yo	\$es of you our depende	5,573.03 r your ents.
3. Ca ■	ppy your total average monthly incomplculate the marital adjustment. Check You are not married. Fill in 0 below. You are married and your spouse is You are married and your spouse is Fill in the amount of the income listed dependents, such as payment of the Below, specify the basis for excluding adjustments on a separate page.	ne from line 11. k one: filing with you. Fill in 0 below. not filing with you. d in line 11, Column B, that was NC spouse's tax liability or the spouse g this income and the amount of inc	OT regula 's suppoi come dev	rly paid for rt of someo	the house ne other th	hold expense an you or yo	\$es of you our depende	5,573.03 r your ents.

15a. Copy line 14 here=>

14. Your current monthly income. Subtract line 13 from line 12.

15. Calculate your current monthly income for the year. Follow these steps:

5,573.03

5,573.03

Debtor 1	_ <u>T</u>	eri Lynn Rutherford	Case numb	per (if known)		
		Multiply line 15a by 12 (the number of months in	a year).		X _	12
1	15b.	The result is your current monthly income for the	year for this part of the form		\$	66,876.36
16. C a	alcul	ate the median family income that applies to yo	ou. Follow these steps:			
16	6a. Fi	Il in the state in which you live.	ОН			
16	6b. Fi	Il in the number of people in your household.	1			
16		Il in the median family income for your state and si			\$	61,617.00
	in	o find a list of applicable median income amounts, structions for this form. This list may also be availa		separate		
17. H e	ow d	o the lines compare?				
17	7a.	☐ Line 15b is less than or equal to line 16c. Or 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NO				
17	7b.	Line 15b is more than line 16c. On the top o 1325(b)(3). Go to Part 3 and fill out Calcul your current monthly income from line 14 ab	ation of Your Disposable Income (Off			
Part 3:		Calculate Your Commitment Period Under 11 U	l.S.C. § 1325(b)(4)			
18. C	ору у	our total average monthly income from line 11		\$		5,573.03
cc sp	onten oouse	t the marital adjustment if it applies. If you are not that calculating the commitment period under 11 s's income, copy the amount from line 13. The marital adjustment does not apply, fill in 0 on lies.	U.S.C. § 1325(b)(4) allows you to dedu			0.00
10	<i>J</i> u. 11	the manual adjustment account apply, his in o on h	10 100.	Ψ <u>-</u>		
19	9b. S	ubtract line 19a from line 18.			\$	5,573.03
20. C a	alcul	ate your current monthly income for the year.	Follow these steps:			
20	a. C	opy line 19b			\$	5,573.03
	М	ultiply by 12 (the number of months in a year).			X	12
20	Db. TI	he result is your current monthly income for the ye	ar for this part of the form		\$	66,876.36
20	Oc. C	opy the median family income for your state and s	ize of household from line 16c		\$	61,617.00
21	1. H	ow do the lines compare?				
		Line 20b is less than line 20c. Unless otherwise period is 3 years. Go to Part 4.	e ordered by the court, on the top of page	ge 1 of this form, check bo	x 3, Th	e commitment
		Line 20b is more than or equal to line 20c. Unlocommitment period is 5 years. Go to Part 4.	ess otherwise ordered by the court, on the	he top of page 1 of this for	m, che	ck box 4, The
Part 4:		Sign Below				
Ву	y sigr	ning here, under penalty of perjury I declare that th	e information on this statement and in a	ny attachments is true and	d corre	ct.
_		eri Lynn Rutherford Lynn Rutherford				
	•	uture of Debtor 1				
Da		October 30, 2024 MM / DD / YYYY				
lf :		checked 17a, do NOT fill out or file Form 122C-2.				
lf :	you c	checked 17b, fill out Form 122C-2 and file it with th	is form. On line 39 of that form, copy yo	our current monthly income	from I	ine 14 above.

Debtor 1	Teri Lvnn Rutherford	Case number (if known)	

Fill in	this information to i	dentify your case:				
Debto	r 1 <u>Teri Lynn</u>	Rutherford				
Debto (Spou	r 2 se, if filing)					
United	d States Bankruptcy C	ourt for the: Southern Distri	ict of Ohio			
Case (if kno	number own)			☐ Chec	ck if this is an amend	ded filing
	ıl Form 122C-2 Ipter 13 Cald	culation of Your	· Disposable lı	ncome		04/22
	out this form, you wi	ll need your completed cop al Form 122C-1).	by of Chapter 13 Stateme	ent of Your Current Monthl	y Income and Calcula	ation of
space	is needed, attach a s	ite as possible. If two marri eparate sheet to this form, r name and case number (i	Include the line number			
Part 1	Calculate Your	Deductions from Your Inco	ome			
the info	questions in lines 6- ormation may also be	ervice (IRS) issues National 15. To find the IRS standar available at the bankrupto	ds, go online using the ley clerk's office.	ink specified in the separa	ate instructions for thi	is form. This
exp	enses if they are high	unts set out in lines 6-15 rega er than the standards. Do not ct any amounts that you subt	t include any operating exp	penses that you subtracted f	rom income in lines 5 a	
If yo	our expenses differ fro	m month to month, enter the	average expense.			
Not	e: Line numbers 1-4 a	re not used in this form. Thes	se numbers apply to inform	nation required by a similar f	orm used in chapter 7	cases.
5.	The number of peo	ple used in determining yo	ur deductions from inco	me		
		people who could be claimed ny additional dependents wh e in your household.			1	
Nat	tional Standards	You must use the IRS N	National Standards to answ	ver the questions in lines 6-7	7.	
6.		I other items: Using the num dollar amount for food, clothi		d in line 5 and the IRS Nation	nal \$	808.00
7.	the dollar amount for people who are 65 o	th care allowance: Using the out-of-pocket health care. The older-because older people amount, you may deduct the	he number of people is sp e have a higher IRS allow	lit into two categoriespeoplance for health car costs. If y	le who are under 65 an	nd

7a.	Out-of-pocket health care allowance per person	\$	83					
7b.	Number of people who are under 65	X	1					
7c.	Subtotal. Multiply line 7a by line 7b.	\$	83.00	Copy here=>	> \$	83.00		
eople	who are 65 years of age or older							
7d.	Out-of-pocket health care allowance per person	\$	158					
7e.	Number of people who are 65 or older	X	0_					
7f.	Subtotal. Multiply line 7d by line 7e.	\$	0.00	Copy here=	> \$	0.00		
7g.	Total. Add line 7c and line 7f			\$ 83.00		Copy total here=>	\$	83.00
			L					
ased c ankrup Hous	tandards You must use the IRS Local Standards on information from the IRS, the U.S. Trustee Proptcy purposes into two parts: sing and utilities - Insurance and operating expension and utilities - Mortgage or rept expenses	gram ha			d for	housing for		
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Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

9b. Total average monthly payment

\$	192.00	Copy here=>	\$	192.00
Ψ		nere=>	Ψ	.02.00

880.00

Сору

here=>

880.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Φ.	0.	α
ж.	U.	vu

Repeat this amount

on line 33a.

Explain why:

Debtor 1	Teri Lynn Rutherford		Case numl	ber (if known)		
11.	Local transportation expenses: Check the number of vehic	les for which you claim a	an ownei	rship or operatir	ng expense.	
	☐ 0. Go to line 14.					
	■ 1. Go to line 12.					
	☐ 2 or more. Go to line 12.					
12.	Vehicle operation expense: Using the IRS Local Standards operating expenses, fill in the <i>Operating Costs</i> that apply for y					239.00
13.	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.	Standards, calculate the or lease payments on the	e net own e vehicle	nership or lease e. In addition, yo	expense for each venue ou may not claim the	ehicle below. expense for
Ve	hicle 1 Describe Vehicle 1: 2018 Toyota Rav4 100,0	000 miles				
13a	Ownership or leasing costs using IRS Local Standard		\$	619.00		
13b	. Average monthly payment for all debts secured by Vehicle 1.		_			
	Do not include costs for leased vehicles.					
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		t			
	Name of each creditor for Vehicle 1	Average monthly payment				
	General Electric Credit Union	\$ 248.05				
	Total Average Monthly Payment	\$ 248.05	Copy here =>	> -\$24	Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$0,	enter \$0	. \$_	370.95	Copy net Vehicle 1 expense here => \$	370.95
Ve	hicle 2 Describe Vehicle 2:					
13d	. Ownership or leasing costs using IRS Local Standard		\$	0.00		
13e	. Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs for	r			
	Name of each creditor for Vehicle 2	Average monthly payment				
		\$				
	Total average monthly payment	\$	Copy here => -\$	<u> </u>	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this number is less than \$0,	enter \$0	\$_	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of v				in the	0.00
15.	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap				0.00

Oth	er Necessary Expenses	In addition to the expense the following IRS categor		ons listed above	, you are allowed your monthly exper	ses for	
16.	self-employment taxes, so your pay for these taxes. Hand subtract that number f	cial security taxes, and Me lowever, if you expect to re rom the total monthly amo	edicare ta eceive a t	xes. You may ind ax refund, you m	nd local taxes, such as income taxes, clude the monthly amount withheld from the taxes and the taxes.		1,233.00
	Do not include real estate,	·				\$	1,233.00
17.	Involuntary deductions: contributions, union dues,	and uniform costs.		, ,	quires, such as retirement 11(k) contributions or payroll savings.	\$	0.00
18		. , ,	•	•	e insurance. If two married people are	· —	
10.	filing together, include pay	ments that you make for y or life insurance on your d	our spous	se's term life insu			0.00
19.	Court-ordered payments				by the order of a court or		
	administrative agency, suc				You will list these obligations in line 3	5 \$	0.00
20	Education: The total mon		•	• • •	· ·	,.	
20.	as a condition for your j		or caacat	on that is offici	roquirou.		
	_		lent child	if no public educ	ation is available for similar services.	\$	0.00
21.	Childcare: The total month Do not include payments for				sitting, daycare, nursery, and prescho	ol. \$	0.00
22.	. ,	•	•		amount that you pay for health care	_	
	that is required for the hea by a health savings account	Ith and welfare of you or y nt. Include only the amoun	our deper It that is m	ndents and that is nore than the tota	s not reimbursed by insurance or paid al entered in line 7.		172.00
	Payments for health insura	_				\$	172.00
23.	for you and your depender	nts, such as pagers, call w nt necessary for your healt	aiting, cal	ler identification,	you pay for telecommunication servic special long distance, or business ce our dependents or for the production of	ell	
					rvice. Do not include self-employmen nount you previously deducted.	t +\$_	0.00
24.	Add all of the expenses and lines 6 through 23.	allowed under the IRS ex	pense al	lowances.		\$	3,713.95
Add	litional Expense Deductio				he Means Test. s listed in lines 6-24.		
25.					nses. The monthly expenses for healt old necessary for yourself, your spous		
	Health insurance		\$	127.00			
	Disability insurance		\$	0.00			
	Health savings account		+ \$	0.00			
	Total		\$_	127.00	Copy total here=>	\$	127.00
	Do you actually spend this No. How much do	total amount? you actually spend?					
	Yes	, socially oponia.	\$				
26.					ne actual monthly expenses that you very, chronically ill, or disabled member		
	include contributions to an	account of a qualified ABI	_E progra	m. 26 U.S.C. § 5	` '	\$	0.00
27.	safety of you and your fam	ily under the Family Viole	nce Preve	ention and Service	enses that you incur to maintain the ses Act or other federal laws that appl		0.00
	By law, the court must kee	p the nature of these expe	enses con	tidential.		\$	0.00

Teri Lynn Rutherford

Debtor 1

	Teri Lynn Rutherford	Case number (if known)			
	Additional home energy costs. Your hom ine 8.	e energy costs are included in your insurance and operating ex	oenses on		
	If you believe that you have home energy on the fill in the excess amount of home er	osts that are more than the home energy costs included in expetergy costs	nses on li	ne	
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must show that the addit	ional	\$	0.00
	Education expenses for dependent child \$189.58* per child) that you pay for your depublic elementary or secondary school.	Iren who are younger than 18. The monthly expenses (not mo pendent children who are younger than 18 years old to attend a	re than private or		
	You must give your case trustee document claimed is reasonable and necessary and r	ation of your actual expenses, and you must explain why the amout already accounted for in lines 6-23.	ount		
	* Subject to adjustment on 4/01/25, and eve	ery 3 years after that for cases begun on or after the date of adju	ıstment.	\$	0.00
		he monthly amount by which your actual food and clothing expersal lowances in the IRS National Standards. That amount cannot s in the IRS National Standards.			
		ional allowance, go online using the link specified in the separates be available at the bankruptcy clerk's office.	е		
	You must show that the additional amount of	claimed is reasonable and necessary.		\$	24.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	amount that you will continue to contribute in the form of cash onization. 11 U.S.C. § 548(d)(3) and (4).	or financial		
	Do not include any amount more than 15%	of your gross monthly income.		\$	30.00
	Add all of the additional expense deduct Add lines 25 through 31.	ions.		\$_	181.00
Dedu	ctions for Debt Payment				
33 F					
	or debts that are secured by an interest pans, and other secured debt, fill in lines	in property that you own, including home mortgages, vehic 33a through 33e.	le		
lo T	pans, and other secured debt, fill in lines	33a through 33e. ent, add all amounts that are contractually due to each secured	le		
lo T	pans, and other secured debt, fill in lines o calculate the total average monthly paym	33a through 33e. ent, add all amounts that are contractually due to each secured	le		age monthly
lo T	cans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba	33a through 33e. ent, add all amounts that are contractually due to each secured	le =>	Avera paym	
T cı	cans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for ba	33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.		paym	nent
T cı	cans, and other secured debt, fill in lines o calculate the total average monthly paym reditor in the 60 months after you file for ba Mortgages on your home Copy line 9b here Loans on your first two vehicles	33a through 33e. ent, add all amounts that are contractually due to each secured nkruptcy. Then divide by 60.	=>	paym	nent
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33a. 33b. 33c. 33d.	cans, and other secured debt, fill in lines of calculate the total average monthly paym reditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here	and all amounts that are contractually due to each secured nkruptcy. Then divide by 60. Identify property that secures the debt Does includ	=>	paym	880.00 248.05
33a. 33b. 33c. 33d.	cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts:	and all amounts that are contractually due to each secured nkruptcy. Then divide by 60. Identify property that secures the debt Does includ	=> => payment e taxes urance?	paym	880.00 248.05
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33a. 33b. 33c. 33d.	cans, and other secured debt, fill in lines of calculate the total average monthly paymeditor in the 60 months after you file for bath Mortgages on your home Copy line 9b here Loans on your first two vehicles Copy line 13b here Copy line 13e here List other secured debts: The of each creditor for other secured debt	and all amounts that are contractually due to each secured nkruptcy. Then divide by 60. Identify property that secures the debt Does includ or inst I N	=> payment e taxes urance? No 'es No	\$\$ \$	880.00 248.05

	-								
		ne 33 secured by your prin) ,				
■ No.	Go to line 35.								
☐ Yes.		u must pay to a creditor, in a ossession of your property (in the information below.							
Name of the	creditor	Identify property that secu	ires the deb	t	Tot	al cure amount		Monthly	
-NONE-				\$			÷ 60 = \$		
							Copy		
				Total	\$_	0.00	here=	> \$_	0.00
■ No.	Go to line 36. Fill in the total amount of	of your bankruptcy case? fall of these priority claims. Duth as those you listed in line	o not includ						
	Total amount of all past-	ali i a i a ata ata ata a ta a a			\$	0.00	÷ 60	\$	0.00
36. Projecte	d monthly Chapter 13 pla	n payment			\$	504.00	=	_	
Office of the Exec To find a l	the United States Courts (futive Office for United State ist of district multipliers that inc	stated on the list issued by or districts in Alabama and Nes Trustees (for all other distudes your district, go online using the may also be available at the b	North Caroli ricts). ng the link sp	na) or by ecified in the	x _	9.00	_		
Average	monthly administrative exp	ense			5	45.36	Copy tot here=>		45.36
37. Add all	of the deductions for del	ot payment. Add lines 33e tl	hrough 36.					\$	1,173.41
Total Deduc	tions from Income								
38. Add all d	of the allowed deductions								
	ne 24, All of the expenses a e allowances	llowed under IRS	\$	3,713.95	5				
Copy lir	ne 32, All of the additional e	expense deductions	\$	181.00)_				
Copy lir	ne 37, All of the deductions	for debt payment	+\$	1,173.41	<u> </u>				
Total de	eductions		\$	5,068.36	6	Copy total here=	>	\$	5,068.36

art 2: D	etermine You	Disposable Income Under 11 U.S.C. § 1	325(b)(2)				
		ent monthly income from line 14 of Form urrent Monthly Income and Calculation of			l		\$	5,573.03
40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.					\$0.	.00		
employ in 11 U	41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19).					\$0.	.00	
42. Total o	f all deduction	ns allowed under 11 U.S.C. § 707(b)(2)(A)	. Copy I	line 38 here	=>	\$5,068.	.36_	
expens their ex	es and you have penses. You m	al circumstances. If special circumstances we no reasonable alternative, describe the shust give your case trustee a detailed explanation for the expenses.	pecial o	circumstances a	nd			
Describe t	he special circ	cumstances		Amount of exp	ens	se		
			\$					
			\$					
			—					
					ī			
		Tota	ı \$	0.00	- 1	Copy here=>\$	0.00	
44. Total a	djustments. A	dd lines 40 through 43.		=>	\$_	5,068.36	Copy here=> -\$	5,068.36
45. Calcul	ate your mont	hly disposable income under § 1325(b)(2). Subtr	act line 44 from	line	∋ 39.	\$	504.67
art 3: C	hange in Inco	me or Expenses						
have cl time yo you file	nanged or are voluments of the contract of the	r expenses. If the income in Form 122C-1 or virtually certain to change after the date you open, fill in the information below. For example check 122C-1 in the first column, enter line in when the increase occurred, and fill in the	filed you nple, if to 2 in the	our bankruptcy p he wages report e second columi	etit ted n, e	ion and during the increased after explain why the		
Form	Line	Reason for change		Date of change	е	Increase or decrease?	Amount of chang	je
☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1 ☐ 122C-2 ☐ 122C-1						☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Decrease ☐ Increase ☐ Increase ☐ Decrease ☐ Increase	\$ \$ \$	
□ 122C-2						_ Decrease	\$	

Teri Lynn Rutherford

Debtor 1

Part 4:	Sign Below
	By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
^	Teri Lynn Rutherford Signature of Debtor 1
Date	October 30, 2024 MM / DD / YYYYY

Teri Lynn Rutherford

Debtor 1

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 04/01/2024 to 09/30/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Clinical Health Network

Year-to-Date Income:

Starting Year-to-Date Income: \$15,376.63 from check dated 3/22/2024 .

Ending Year-to-Date Income: \$48,814.81 from check dated 9/20/2024 .

Income for six-month period (Ending-Starting): \$33,438.18 .

Average Monthly Income: \$5,573.03.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

(Chapter 7:	Liquidation	
	\$245	filing fee	
	\$78	administrative fee	
	+ \$15	trustee surcharge	
	\$338	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Acceptance NOW Attn: Bankruptcy 5501 Headquarters Dr Plano, TX 75024

Caine & Weiner Re: Progressive 5805 Sepulveda Blvd 4th Fl Sherman Oaks, CA 91411

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Services Attn: Bankruptcy PO Box 15298 Wilmington, DE 19850

Check 'n Go Attn: Bankruptcy Po Box 14283 Cincinnati, OH 45283

Chime/Stride Bank Attn: Bankruptcy Po Box 417 San Francisco, CA 94104

Comenity Bank/Buckle Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Finwise Rise Attn: Bankruptcy Po Box 679900 Dallas, TX 75267

General Electric Credit Union PO Box 925 Wilmington, OH 45177

Kohls/Capital One Attn: Credit Admin Po Box 3043 Milwaukee, WI 53201

Lendmark Attn: Bankruptcy 1735 N Brown Rd Ste 300 Lawrenceville, GA 30043 Mycumortgage/Wright Patt 3560 Pentagon Blvd Beavercreek, OH 45431

NCB Management Services Re: Finwise/Rise 1 Allied Drive Trevose, PA 19053

Paragon Revenue Group Re: Christ Hospital Po Box 127 Concord, NC 28025

Portfolio Recovery Associates Re: Citibank 120 Corporate Blvd Norfolk, VA 23502

Receivables Performance Mgmt Re: Cincinnati Bell Po Box 1548 Lynnwood, WA 98046

Synchrony/PayPal Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Toyota Financial Attn: Bankruptcy 111625 Rainwater Dr Alpharetta, GA 30009